

# Disability Now

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9

An ideal first car

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## MORI poll revelation

### Voters of all parties want more cash and help for disabled people

Voters in Britain, whether Conservative, Labour or Alliance, are united on one thing at least: they believe disabled people get a raw deal.

A MORI poll conducted last month found that a massive 97 per cent of voters thought the Government should provide extra money for visually, mentally and physically disabled people in the community. Since the poll revealed that a third of the voters are disabled or have a disabled person in the family, it will be hard in future to dismiss disability issues as a minority concern.

Conservative voters were out ahead when it came to spending money on community care (74 per cent Conservative, 72 per cent Labour, 71 per cent Alliance) and again on spending to improve access (77 per cent Conservative, 76 per cent Alliance, 75 per cent Labour).

On spending to improve employment opportunities for disabled people, Conservative and Labour voters ran almost neck and neck with 71 per cent and 70 per cent respectively, led by the Alliance with 73 per cent.

There was strong support for

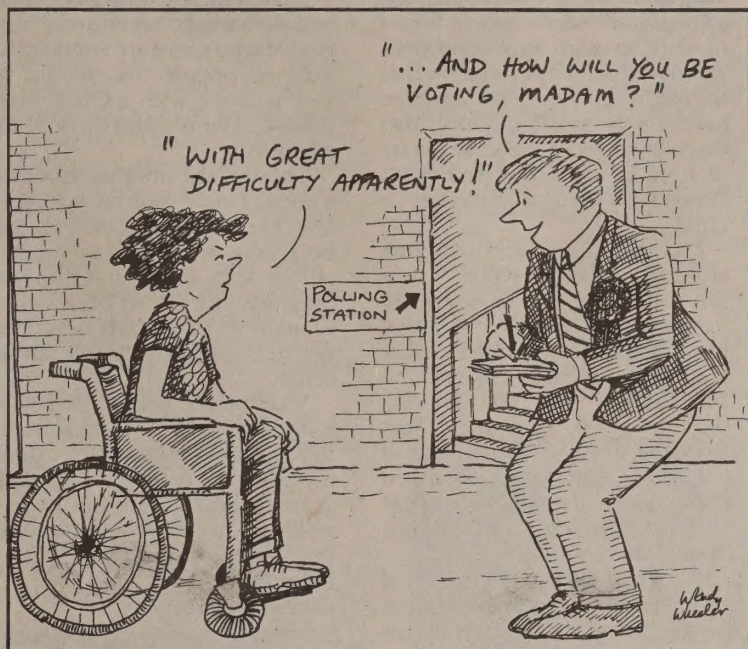
giving extra money to implement the Disabled Persons' Act, now costed at £150 million. 76 per cent of Alliance voters, 75 per cent of Labour and 69 per cent of Conservatives were in favour.

Cross-party support was also strong for introducing anti-discrimination legislation for disabled people along the lines of the Race Relations Act and the Sex Discrimination Act. 77 per cent of Labour voters were for it, 75 per cent of Alliance and 65 per cent of Conservatives.

A very high percentage of voters, 92 per cent, thought that there should be extra training for disabled people so that they could improve their job prospects and 57 per cent thought that employment opportunities for disabled people did not match their abilities.

MORI interviewed a representative quota sample of 1,931 adults over 18 according to age, social class and voting intention, in 178 constituency sampling points throughout Great Britain between 8 and 12 May.

The poll was sponsored by 5 major voluntary organisations — Disability Alliance, The Spastics Society, RADAR, RNIB and the Wales Council for the Disabled.



## Let the people vote!

A campaign has been launched to persuade election officers in every constituency to make polling stations and booths accessible on 11 June.

"Legislation, including the 1970 Chronically Sick and Disabled Persons Act and the 1981 Disabled Persons Act requires public buildings to be accessible to disabled people," says Dafydd Wigley, Plaid Cymru MP for Caernarfon, who launched the campaign.

"Without doubt polling stations classify as public buildings for this purpose."

"At General Election time, of all times, efforts should be made

to ensure that disabled people have full and equal rights with everyone else to participate in the democratic process", he says.

The Scottish National Party, the Wales Council for the Disabled, RADAR and a Northern Ireland MP are co-operating on the campaign.

## More cash for students

Disabled students are to get a 24 per cent rise in the amount they can claim for extra expenses, higher education minister, George Walden, announced last month.

For the 1987-88 academic year the students will be able to claim up to £700 to pay for any special equipment or help they need because of their disability. The present limit is £565.

Richard Stowell, director of the National Bureau for Handicapped Students, welcomed the rise. "£700 is a substantial increase over the previous year and it will cover extra expenses for most disabled students," he said. "But for the most severely disabled students it is nowhere near enough to buy the expensive equipment, such as micro-computers, that they need. There must be separate funding for these items."

He also pointed out that a great many disabled students on discretionary grants do not receive the allowance at all. Local education authorities are only obliged to pay it to disabled students in higher education on mandatory grants.

## End the poverty of disabled people Disability Alliance challenges the next Government

The Disability Alliance has challenged the next Government to implement their £3 billion benefits blueprint, intended to take disabled people out of poverty.

Professor Peter Townsend, chairperson of the alliance which represents an estimated 3 million disabled people through 90 organisations, submitted a giant claim form to 10 Downing Street last month. It demanded the introduction of a comprehensive disability income scheme, as set out in the policy document *Poverty and Disability: Breaking the Link*.

The document proposes doing away with the present system of benefits, which leaves 60 per cent of the disabled population living in or on the margins of poverty, and replacing it with a 3-point system. This would consist of a tax-free, non-means tested disablement allowance to cover extra costs, a disablement

pension for those unable to work, and a carers' pension for those who give up work to look after a disabled person.

The disablement allowance would rise in 5 steps from £16 a week for 20 per cent disability to £80 per week for 100 per cent disability (at 1987/88 rates).

Professor Townsend said it would be essential to involve people with disabilities in the assessment process to determine what percentage disability a person has. He said the scheme would have to be phased in over several years, starting with the most severely disabled.

The Disability Alliance says a comprehensive income scheme would end the present anomaly of benefits ranging from £23.75 a week for someone born disabled to over £150 a week for someone injured in an industrial accident.

The Government's new income support scheme would

leave many thousands of disabled people worse off, claimed Professor Townsend. People with disabilities would lose by £300 million.

The Disability Alliance has condemned the Government's proposed Social Fund in its entirety, claiming that people will be forced to beg at DHSS offices for payments they desperately need.

Poverty and Disability: Breaking the Link. Disability Alliance, 25 Denmark St, London WC2. £3.

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# Letters to the Editor

Disability Now 12 Park Crescent London W1N 4EQ

## A worrying precedent set by the Lords

It would be a sad reflection on a civilised society if issues like sterilisation did not stir up passions, both for and against. I am sure the people concerned in Jeanette's case believe they are acting in her best interests. Indeed it would be more "frightening" if they were not than the supposed "frightening" consequences of her becoming pregnant. Though for the life of me I cannot see how this would be "frightening"; difficult, inconvenient, distressing, yes - I can understand their worries and their need to protect children in their care in any way they can. All parents experience these anxieties, and particularly those with mentally handicapped children.

However, I would like to ask one or two questions and present a few facts.

Who is likely to cause a girl like Jeanette to become pregnant? Has sterilisation been considered for those males who might cause this to happen? Why is this case only debated from the female side?

Also, sterilisation does not protect her from rape or from sexually transmitted diseases, so presumably the same kind of care which would protect her from these would also protect her from pregnancy. Or is that level of care to be relaxed after sterilisation?

A good deal has been made of the significance of Jeanette's mental age of 5. Quite apart from the fact that we tend on the whole to protect our 5 year olds from the attention of sex perverts, I wonder what is a suitable mental age for women to be free to become pregnant. Obviously not 5, so should it be 9 or 11 or 16? Let us remember we are now speaking of mental ages.

How many women have given

birth to children who are, in a middle class social sense, incompetent? There are, unfortunately, many couples whose "intelligence" falls within the normal range who are not fit to keep hamsters, let alone children, yet we do not deny them their basic biological right.

Of course, I am not arguing that severely mentally handicapped females should also be exposed to demonstrating their incompetence in order to uphold a right; I am merely pointing out the absurdity of offering mental age as an impediment.

It is a simple scientific fact that in the whole history of Down's Syndrome up to 1976 there are only 22 recorded cases of births to females with this condition, and this is from a population that is, roughly speaking, somewhere between 6 and 7 million. Also there is no recorded case (as far as I am aware) of a male with Down's Syndrome fathering a child.

I have also checked with one large community which cares for some 200 or so mentally handicapped people. I asked how many pregnancies there had been in that community. The answer was that looking back over 30 years there had been on average about 2 or 3 each year. But these had been confined to the staff. Amongst the handicapped in this mixed community - none!

We need to do a great deal of thinking before we impose what may be unnecessary restrictions on mentally handicapped people. Yet the thinking so far seems to have been confined to one distressing case. The House of Lords decision is more worrying because this *does* create a precedent.

**Dr Brian Stratford KSG, FRSM**  
Nottingham University  
Chairman: Research Council,  
Down's Syndrome Association of  
Great Britain  
President: European Down's  
Syndrome Association

## Mother's view on sterilisation

I would like to make some comments about sterilisation for girls who are mentally handicapped (DN, April and May).

I am the mother of a 31-year-old severely mentally handicapped son, who has recently been admitted to a hostel because I could not manage to look after him any longer at home.

It is alright for those who do not have the problem at home - which I may add Sir Brian Rix hasn't because his child has been in care all her life - but I can assure you that if my son had been a girl I would without hesitation have had her sterilised.

Can you imagine the trauma that a mentally handicapped girl would go through giving birth to a child, which would have to go into care and be taken away from her? Maybe there are some handicapped people that would be able to cope with a child, but I think you would find these in the minority.

There is also another aspect. If a normal male took advantage of one of these girls, which has been known, it could be too late before they found out she was pregnant for her to be aborted, as many of these girls have very erratic monthly periods due to drugs.

Many of the people that sit in judgement do not understand the trauma of looking after these beautiful but unfortunate people at home and should not be in a position to overrule the ones that do look after them.

**J Meek**  
Ellacombe, Torquay



Julie Cains

## Moving out

I am a woman with 40 years experience of living in residential care. I now feel I have the skills to live on my own with minimal support.

I would welcome details of the pros and cons that other people with cp have met during similar moves.

**Julie Cains**  
11 Lingfield Avenue  
Kingston upon Thames  
Surrey KT1 2TL

Many people would like this sort of information. DN's feature, "Where there's a will, there's a way" (March 1986) asked 4 disabled people to talk of their experiences and also gave information on Centres for Independent Living and benefit entitlement, plus useful addresses and publications. Let us know if you would like a copy of the feature. - Editor

## Fishing for info

I am in the process of compiling an Afishonados Guide to Fish and Chip Shops to commemorate the 121st anniversary of the marriage of fish to chips. Profits from sales will go to the Stars Organisation for Spastics.

Recommendations from your readers would be most welcome.

**Pierre Picton**  
45 Shottery  
Stratford-upon-Avon  
Warwicks

## DN accused of left-wing bias

I have, for some time, become increasingly annoyed at the "left wing" and anti-Government bias expressed in your news sheet, *Disability Now*.

It is, of course, perfectly proper, in fact part of your responsibility in defending the causes of disabled people, to criticise the Government - any government - for its lack of care or failure to meet the needs of any deserving minority group. But lately you have completely failed to give credit to the Government where credit is due, and any beneficial legislation or proposals are reported with snide undertones.

The latest example of this attitude appears in your leading report on the Budget in your May issue. The headline of that article "Give-away Budget helps only Taxpayers" demonstrates that you do not understand the function nor the purpose of a budget: it is to raise money from the taxpayer to pay for the Government's spending on behalf of the country.

If the Chancellor finds that he has to spend less, then he need take less from the public. Those paying no tax cannot benefit, so the headline is slanted as a totally unwarranted criticism.

On page 4 the drawing, which you flatter by referring to as a "cartoon", is so misleading as to be dishonest. It is not the Chancellor through the Government which gives charities the tax payable by a covenantor but the covenantor himself. The fact that, as a matter of procedure, the money is obtained through the Treasury is neither here nor there.

Would you blame the Chancellor if a non-tax-paying donor decided to covenant a yearly sum to The Spastics Society on which you were not able to recover any tax? This example illustrates the stupidity of the caption and demonstrates the political bias of which I complain.

Surely a publication such as yours, whilst fulfilling the function as a mouthpiece of a pressure group, should endeavour to remain politically neutral, bearing in mind that you are representative of a wide range of persons with differing views.

**Michael Barrass**  
Workshop  
Nottinghamshire

*I'm glad we agree that Disability Now will tend to criticise any government in power if it fails to meet the needs of disabled people. I would add that disabled people have traditionally had the short end of society's support and concern; there is a lot of ground to make up.*

*On our budget coverage, the use of the budget to redistribute income in favour of the poorest people, whether or not they are taxpayers, is a long established principle to which Conservative as well as Labour governments have subscribed.*

*The May cartoon is part of a larger view that reduction on VAT for charities is long overdue - local authorities have been able to recover VAT since 1973. When some concessions have been made, they come at a time when a tax reduction reduces charities' tax-refund income on covenants.*

*Reducing tax rates rather than increasing social spending is a matter of policy and therefore open to fair criticism, especially from groups with a stake in such spending - Editor.*

*DN is "thinner" this month due to a staff shortage - Editor.*

(sic)

**DN's diary column**  
by Simon Crompton  
and Karen Wingate

## Misunderstood

It has been pointed out to us that the headline above our coupon, regularly to be seen within these pages, is capable of misinterpretation. Let us here make it clear that when we say "ONE COMPLETED COUPON AND DISABILITY NOW IS ANYONE'S" we do not mean "A disability of your choice is now instantly available to you if you just fill out this coupon." If our name can be misleading, John Dobinson, director of the Access Committee for England, has an alternative. Apparently, in moments of pique at The Spastics Society, he refers to the newspaper as "Spastics Then"

## Pay-phone

Blind and visually impaired people may be in for a shock when they get their next telephone bills. Instead of a brown envelope on the mat they will get a phone call from British Telecom asking for the money. But it's only the latest of BT's initiatives for disabled customers - the "talking" telephone bill. The aim is to give blind customers more independence, so they don't have to rely on friends and relatives to read the bill for them. Let's hope BT staff are trained to break the bad news gently.

## Scrooge

An eccentric Aberdeen man who was a Scrooge in his lifetime left almost £2 million to charities for disabled and elderly people and cancer research, when he died in April. Andrew Stuart ran a tailoring business and amassed a fortune playing the stockmarket. He spent most of his life living in hotels, and staff said he still wore suits taken from his shop in the 1950s and occasionally gave presents of boxed handkerchiefs complete with 1s 6d price tags. He always used the bus and even cancelled the *Financial Times* because it was too expensive.

Contributions please, to DN

WATCH IT!

"I certainly don't want to see in Monaco some of the things I saw in Las Vegas. It was very depressing to see people in wheelchairs under the slot machines." Prince Ranier, quoted in the *Financial Times*, February 1987. Found by the *New View* bulletin.

★ ★ ★

"For all Rantzen's posturing, the programme is frequently facile and at one stage considered hiring a 'handicapped' presenter. A touch of MS or a missing leg might do, but a serious disability would not make great TV. So they went for the easy option. She did hire presenters with a handicap: they were just not very good." *The newspaper Today on BBC TV's That's Life, March 1987 - Chris Davies*



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## More money needed to investigate charity abuses

Public misunderstanding of their powers and lack of resources for their job are highlighted in this year's report by the Charity Commissioners, published last month.

The Commissioners say they are a statutory body with powers and functions strictly defined under the Charities Act 1960 and are often acting as an extension of the High Court.

"The Commission is not a political department making selective judgements about the value of particular charities or kinds of charities," says the report. "In registering charities, for example, we are not making moral or political judgements, nor can we guarantee that the charities registered will be effective and give value for money."

Last year 3,942 new charities were registered bringing the total to 157,902.

The Commissioners suggest 2 ways to tighten up charity registration while avoiding the "danger" of a selective system where views on what is charitable might vary from one government to another.

Newly registered charities could be put on probation for 3 years and then removed from the register if they did not live up to their intentions. Or the Commissioners could be given the power to suspend, and remove, charities which are administered

improperly.

The Commissioners defend themselves against the criticism that they spend too much time on small charities when they should be investigating abuses. "We have consistently drawn attention to the limitation of our resources and our inability to do as much as we should like to do," says the report.

The Commission's budget is over £5 million. At the end of last year it had 330 staff, 9 of whom were doing investigations and inquiries.

However, the report says that there are comparatively few cases of abuse or manipulation.

Fundraising is being abused, say the Commissioners, by trustees who receive only a small percentage of the money intended for donation and by operators who set up charities for their own ends. Regulations governing street and house-to-house collections are being flouted, and the Commissioners are making inquiries.

The Charity Commission itself has been the subject of several inspections recently, including a high-powered scrutiny by a team for the Home Office which is due to report next month.

Report of the Charity Commissioners for England and Wales for the year 1986, *Stationery Office*, £5.

## Arts Council disability committee

The Arts Council has appointed a committee under the chairmanship of Sir Brian Rix, secretary general of MENCAP, to be responsible for implementing the Council's code of practice on arts and disability.

The 10 members of the Arts and Disability Monitoring Com-

mittee are from a wide range of art forms, including poetry, dance, drama, music and film. Half of them have disabilities.

The committee will assess how the code is being implemented by the Council's clients and the progress regional arts associations are making.



**It's yours!** Prime Minister Margaret Thatcher hands over the keys of a Ford Escort to disabled driver Neil MacDonal, a member of Stoke Mandeville's champion basketball team. It was the 750,000th car from the charity Motability. "In providing this service to disabled people, Motability characterises the finest charitable instincts of the British people and the very best in cooperation between the Government and the private sector," said the PM.

## Voluntary sector taken for granted

The new Government must recognise the key role of the voluntary sector and take it into account in all Government policy, says a new report.

No government has come to terms with the contribution made by voluntary organisations in providing services, encouraging self-help and bringing new ideas into public debate, according to the National Council for Voluntary Organisations.

Usha Prashar, director of the NCVO says: "There is still a marked tendency to expect voluntary organisations to deliver first-class services with

second-rate funding and inadequate back-up."

The report calls on the Government to use the extensive experience of the voluntary sector more in formulating policy, and to promote effective partnership between voluntary organisations and the public sector.

The Government should also guarantee the independence of the voluntary sector and make sure that its groups have access to funding.

Taken for Granted?, NCVO, 26 Bedford Square, London WC1B 3HU.



The winners and judges. From left to right, back row: George Greenfield, literary agent; Sally Bowden, Woman's Realm fiction editor; Douglas Shapland, chairman of The Spastics Society; Sandra Chalmers of BBC Radio 4's Woman's Hour; John Cox, director of The Spastics Society. Front row: Clare Walker, Jennifer Alexander, Charles Kingston, Dorothy Bell-Hall, Muriel Mell, David Swift, John Wickham. Lesley Wildsmith and judges Jane Asher and Susan Tully were unable to attend.

## Winners weave magic with words

Writing talent of the highest standard, according to the judges, was again shown by the winners of The Spastics Society's Literary Contest, whose stories were chosen out of 760 entries.

A special prize this year, sponsored by BBC Radio 4's Woman's Hour, was won by John Wickham. His story, *Trigger Finger*, chosen by Sandra Chalmers of Woman's Hour, will be broadcast on Radio 4's Morning Story later this year.

Three of the prizes in the junior section went to winners from previous years. Clare Walker, 14, who won last year, took the £50 first prize in both the Junior Fiction and Junior Non-Fiction categories. Clare has cp and her stories impressed the judges, actress Jane Asher and Susan Tully, with their liveliness and sense of fun.

Second prize for Junior Fiction went to Lesley Wildsmith, 13. Charles Kingston, 12, another of last year's winners, came second in Junior Non-Fiction. They won £25 each. The prizes were sponsored by Walker Books. "If people of their age can weave magic through their

words as these young people have done, then the sky is the limit," said Sandra Chalmers.

The £150 first prize for Adult Fiction went to Jennifer Alexander. Her story about a severely disabled woman was chosen by Sally Bowden, fiction editor of Woman's Realm, because it "gets across in a delicate, convincing and compelling way what it is like to be handicapped, without being depressing." Muriel Mell won the £75 second prize.



Winners Charles Kingston and Clare Walker were delighted with their prizes which included a copy of Stray donated by Walker Books.

Dorothy Bell-Hall won the £150 first prize for Adult Non-Fiction for her story *Finger-tip Feeling*, in which she tells how she helped a woman overcome a massive stroke. The £75 second prize went to David Swift, another previous winner, for *The Last Waltz*, the story of how he met and fell in love with his wife Irene.

Literary agent George Greenfield judged the non-fiction entries. Adult section prizes were sponsored by *Writer's Monthly* which will publish the winning entries in their August issue.



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## HOUSE OF COMMONS

## Concession on rates still leaves some worse off

The Government has announced important changes to their social security regulations which will effect those on income support who pay rates - or, in Scotland, the new community charge.

Under the Social Security Act 1986, which comes into effect next April, everyone who is liable to pay domestic rates will be expected to pay a minimum

## MONTH IN PARLIAMENT



of 20 per cent of their rates bill. Until recently, the Government said that the 20 per cent would be taken out of benefit without compensation.

But in a parliamentary answer to Tory MP Robert McCrindle, Social Security Secretary, Nor-

man Fowler has now announced that benefit levels will be raised from April 1988 to compensate for the charge. The amount of extra benefit will be the *average* amount the Government thinks income support claimants will need to meet their minimum contribution.

This means that in areas where rates are above average, claimants will be out of pocket. Where they are below average claimants will gain.

The move represents an important change on the part of the Government, but it has preserved the principle of local government accountability, which the Government wished to establish in the Act, because all householders will still be contributing to their rates bills.

## No access to medical records

The Access to Personal Files Bill received Royal Assent on 15 May after completing its 3rd reading in the House of Commons. The bill was substantially altered while in Standing Committee. It will now only cover personal information held by a local authority for the purpose of council house tenancies and its social services functions.

The campaign to ensure that medical records remained covered by the Bill failed, despite the support of all the major nursing and voluntary organisations.

Brian Lamb

Parliament adjourned 18 May.

## You can bank on the Big Four

The Big Four banks have made great strides in recent years to provide services for their disabled customers, particularly blind and partially sighted people. Here is an up to date list of the services on offer.

● **Barclays** The bank introduced large print bank statements and computer-produced braille statements in March. Produced by the Royal National Institute for the Blind, they are completely confidential; the statements go to the RNIB on magnetic tape in sealed containers and contain account numbers only, so that names and addresses do not appear on the statements while they are out of the bank's possession.

Other banking aids for visually disabled customers include templates with braille instructions to help blind people fill in cheques and write addresses, a plastic bank note gauge to help differentiate between £5, £10, £20 and £50 notes and oversize binders for storing braille and large-print statements. Two booklets, on retirement and Barclays' cheque account, are available in braille and large print.

● **National Westminster** The bank is the only one of the four to produce its own braille and large print statements, rather than using the RNIB's service. This means customers can receive their statements with no delay. A transcription service allows customers to correspond with their own bank managers in braille. Cheque templates and special statement binders are provided. The booklet *Make NatWest Work for You* and Servicetill instructions are available in braille.

NatWest has joined the Sympathetic Hearing Scheme and many branches have special tills indicated for hard of hearing customers.

● **Lloyds** For blind and visually disabled customers the bank provides large print and braille statements, cheque book and address templates and bank note gauges. Leaflets on general banking services are available in braille and on cassette. Letters are translated into braille for those customers known to read it.

Lloyds tested induction loops for hard of hearing customers in some branches, but decided against extending them because they allowed others to overhear the conversation. Instead, hard of hearing customers are now taken into an interview room where communication is easier and private.

The bank says that access for wheelchair users is ensured in all new buildings and when refurbishing old premises.

● **Midland** Braille and large print statements, with specially designed binders, and cheque templates are provided. The bank's booklet *Personal Banking Services* is also available in braille and large print.

Midland is part of the Sympathetic Hearing Scheme and distributed videos and leaflets from the British Association for the Hard of Hearing to its branches, to make employees more aware of the problems faced by hard of hearing customers.

# AT BARCLAYS WE BELIEVE THE HANDICAPPED DESERVE OUR SUPPORT.

It is a sense of duty to the community we serve that leads to our association with a wide variety of Societies for the handicapped every year.

They range from the larger well-known organisations such as those dealing with the problems of the blind or the mentally handicapped to the smaller specialist charities perhaps helping those with a little-known illness or with a particular problem of access for the disabled.

However, no matter how large or small they are, every one is in urgent need of funds to carry out their work effectively - many of them desperately so. This is where we come in.

In 1987 we will donate over £1.5 million to charities in need.

(In fact, last year Barclays was listed by the Charities Aid Foundation as one of the largest corporate contributors to charity in the UK.)

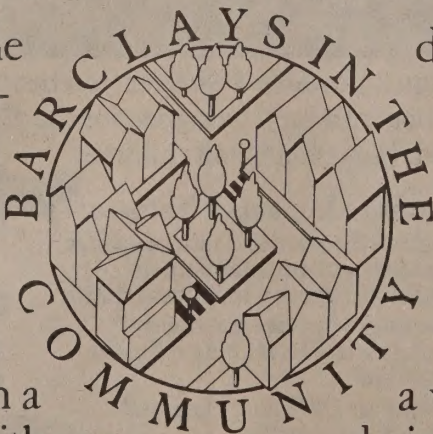
However, charitable donations make up only one of the many areas in which Barclays involves itself with the community.

As a matter of policy, we annually contribute a percentage of our profits to a wide ranging programme designed to help the community at large. In 1987 we expect to spend over £6 million on community activities alone.

So, you could say, at Barclays we realise that there are times when just serving the community isn't always enough.



**BARCLAYS**





# Integration in ILEA: "It's a major step backwards"

says David Butler, parent of a cp child

The Inner London Education Authority has adopted a report drafted by its Education Officer in favour of the progressive closure of special schools. 7000 children in the ILEA's 105 special schools will be transferred to the mainstream system, partly through individual placement after statement and partly in special units (resource centres) in mainstream schools - a kind of school-in-school arrangement.

A great deal of emphasis is now placed on integration. On the face of it, it seems quite wrong that disabled children should be herded together and treated in isolation from their able brothers and sisters. Certainly the ILEA seem to feel an instinctive revulsion against special schools.

Yet the summary of the consultation evidence published by the ILEA reveals clear differences of opinion.

Interestingly, the strongest advocates of integration appear to be those least involved in helping disabled children. Governing bodies and teachers in special schools seem much more cautious. Parents themselves, though divided on the matter, appear to favour the continuance of integration in principle, while retaining serious doubts about the scheme actually proposed for Inner London.

The integration plan is seen as a crucial element within the Authority's overall policy for Equal Opportunity. It seeks to protect the disabled in much the same way as it protects the victims of racism and sexism.

No one with an interest in disability will say anything but "Bravo" to that intention.

Yet after careful study of the ILEA plan, I have regretfully come to the conclusion that its effect is likely to be the precise opposite of what is intended. I think it will make life much,

much harder for Inner London's disabled children. Let me explain why.

First, let us consider the social or Equal Opportunities issue. All disabled children are disadvantaged. They start life with an unequal opportunity. To pretend otherwise is naively sentimental.

Over the years a massive social investment has been made in special schools. They have more space than mainstream schools. Their staff to pupil ratios are higher. Their equipment needs are better met. Their transport facilities are better.

All of this amounts to a very impressive example of positive discrimination, helping the disadvantaged in a special way to develop their full potential. The abolition of this positive discrimination would be a major step backwards in social equality towards the disabled.

My wife and I recently attended a conference for the parents of cerebral palsied children organised by The Spastics Society at Guy's Hospital. We heard from both Peto and Bobath practitioners about the detailed analysis of abnormal response and the finely-tuned programme of therapy that is required to give each child the best chance of development.

Something approaching this level of therapy can be and is supplied in focussed special schools.

How can it be provided if the children who need it are scattered through the school population at large? On this question, the ILEA report is silent.

The whole trend in the treatment of cerebral palsy is towards more specialisation, not less.

Another argument employed by the report in favour of change is that the number of children requiring special education is declining, and some schools are becoming too small to be viable.

To uphold this argument, however, the report is driven to some statistical jiggery-pokery

that is quite naughty.

Since 1981 the number of children in special day schools has declined from 7083 to 5663, a reduction of 20 per cent. Mainstream primary schools have lost 7.5 per cent of their pupils in the same period and secondaries 25 per cent of theirs. The implication of these numbers is that demand for special school places is in any case declining, and that the ILEA are simply moving in line with the need.

What the report does not point out, however, is that in the same period some 700 children have been taken out of the special schools, statemented and transferred to mainstream schools. If these children are included among those requiring special education, the decline in numbers is only 10 per cent - more or less in line with mainstream primary.

Many people believe that integration could be made to work if the resources were available. The report makes it clear that no extra cash will be available. Only the closure of special schools will produce the cash to be spent in mainstream schools to provide for the disabled children. I wonder how many of those who gave evidence in support of integration would have done so if they had known in advance that the budget is zero?

The clearest indication of what may lie in store for Inner London's disabled children can be gathered from the ILEA's own report. What has happened to the 700 children so far transferred from special schools to the mainstream? How have they been provided with the extra teaching support and the therapy they need in this new and possibly daunting environment?

To avoid any possibility of bias, let me quote the report's own words. "It was originally en-



David Butler with his daughter Rebecca.

visaged," says the ILEA report, "that the support would be provided by teachers from special schools but it proved very difficult for teachers to share their timetable between class teaching in a special school and specialist support in a primary or secondary school. Support has tended, therefore, to be provided by part-time teachers and there have been difficulties in providing these teachers with appropriate training and professional back-up."

In plain terms, these children, who could have been taught by full-time, specialist teachers in special schools with full therapeutic and psychological support, have instead been taught by untrained, part-time teachers without support. In effect they have been thrown in the deep end of the mainstream system and left to sink or swim.

I have two questions about these children.

Can anyone seriously doubt that they would have fared better in special schools - that some who would have walked or read or written will not now do so?

And what is it about their experience that makes it a desirable prospect for the other 7000 disabled schoolchildren in Inner London?

Acting in concert with other parents of disabled children, I am seeking to persuade the ILEA that the burden of proof lies with the Authority. Before they close a special school, they must explain to parents just what facilities - educational and therapeutic - will be provided elsewhere.

We cannot afford to gamble with our children's future.

Any parents with the same concerns should write to Campaign for Choice in Special Education, Mrs Sandra Duncan, 57 Elmwood Court, 30-32 Battersea Park Road, London SW11.

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dental health • dental

## Prevention is

Dental treatment is improving for disabled people, Mary W

Earlier this year the *British Dental Journal* printed the results of another survey into the dental health of disabled people. The survey was based on 1730 children in 25 special residential schools in Newcastle and Northumberland. It showed that these children had more untreated dental decay than "normal" children and had had nearly 3 times as many teeth extracted.

The article brought a response from Professor Neil Swallow who, it is said, has done more for the dental care of people with disabilities in this country than anyone else.

Twenty years ago he covered the same ground and came to the same conclusion: that children in special schools were disadvantaged. "Matters have hardly altered," he commented, and urged the profession to examine its attitude to disabled children and do something positive to improve their access to services.

Any attempt to see if there has been wider improvement is hampered by the lack of statistics for the number of disabled people treated by general dental practitioners ("family dentists" working independently but, like GPs, part of the Family Practitioner Service.)

Certainly the number treated by the Community Dental Service (CDS) has increased steadily since the service was extended in 1979 to elderly and disabled people who cannot easily be treated by other dentists. In 1985 it was nearly 40,000.

The quality of the service, run by district health authorities, varies. It can be very good if enough money is being spent, the dentists are interested and the district dental officer (DDO) in charge gets information about services to those who need it and liaises with family dentists.

But some districts in the South-East, such as Mid and West Essex, Tower Hamlets and City and Hackney in London, still have no district dental officer.

Asked how this could be, Norman Whitehouse, secretary of the British Dental Association, said that the general manager decides there is no place in his service for a DDO. "We think that every district should have advice from a district dental officer," he said.

Mobile dental clinics - caravans - run by the CDS have increased until there is now one in most rural areas. At least 4 districts - North Bedfordshire, Durham, Hampshire and Somerset - have clinics in lorries. This way the dentist can visit individuals as well as centres.

Home visits made by family dentists to housebound people have more than doubled in the 5 years 1980-5, to 169,360. In Surrey, 2060 housebound people were visited in 1985, but although that was a third up on the previous year, it was still only 0.3 per cent of all treatment given.

Many family dentists are still wary of doing home visits: they are out of their well-equipped surgeries, spending valuable time on the road and often having to borrow expensive portable kits from the CDS.

Nevertheless, home visits are the "in" thing. At its conference in Birmingham last month, the British Society of Dentistry for

the Handicapped (about 300 dentists) discussed guidelines to help dentists with home visits. And at the BDA's conference next month, portable equipment will be on show.

Obviously home visiting is a great help for severely disabled people or people living alone with no transport, but it is only one solution and it can be seen to run counter to the philosophy of Normalisation, which encourages disabled people to do the same things as everyone else.

As Kevin Ashton, manager of The Spastics Society's Clacton Project, put it, "Home visits are not appropriate for us and we wouldn't encourage them. Our people are ordinary people living together. They use dentists like anyone else."

One of the most promising signs of progress in dental care for disabled people is the positive attitude of the BDA and some of the dental schools.

Two years ago the BDA set up the Voluntary Organisations Panel - a small group of dentists dedicated to improving dental care for disabled people and liaising with voluntary organisations - and last year it ran a "good practice workshop" for dentists, dental societies and representatives from voluntary organisations concerned with physical disability. Next month there will be a similar workshop concentrating on people with mental handicap or mental illness.

Dentists qualifying at University College, London, spend part of their time in the Department of Community Dental Health and Dental Practice. They learn about the concepts of disability, handicap and impairment, about assessing the needs of different groups in the community and communicating with their clients, before being shown examples of good practice. (None of this, sadly, matters for their final exam.)

University College is not the only dental school concerned with disability or community health, but it has a unique approach.

"Our view is not to think of treatment services; it is to say, 'If we can prevent these dental conditions then the problem will not arise'," says Professor Aubrey Sheiham, head of the department.

"The other way is to say 'here are people with problems, let's see how we can be better dentists treating them'. Now obviously there's room for a mixture, but I feel that the opportunity for prevention is very great for everyone, and particularly for people who might have more motivation to avoid visiting the dentist."

He is particularly concerned about the amount of sugar in



The emphasis is on prevention.



# lth • dental health • dental health • dental health • dental e best care

finds, but can the gaps be filled when money is short?



Karen Wingate

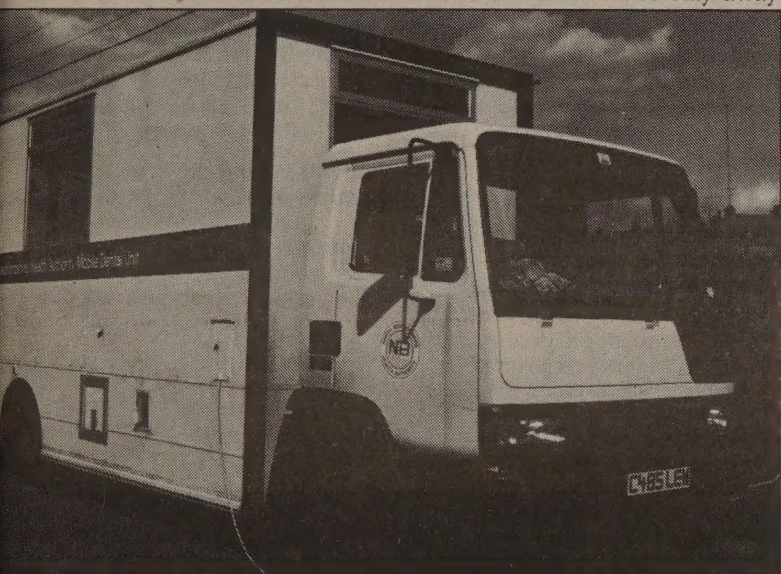
Jack learns how to brush properly.

people's diets. A working group of the BDA's Dental Health Committee, of which he is a member, has successfully persuaded the pharmaceutical industry to produce non-sugar medicines. Institutions like the army are being converted, but Professor Sheiham has heard of no organisations who provide meals for people with disabilities making any special effort to improve diet.

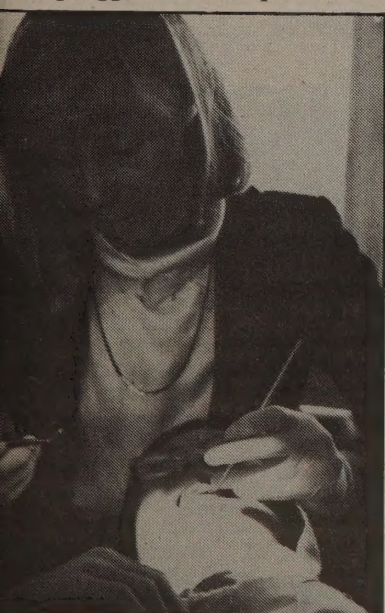
"The quality of life could be so much better overall," he says, "not only teeth, but general well-being and body shape - and that's very important."

When disabled people in centres are given the chance to choose their diet, managers may be in for a surprise. Residents at the small Clacton Project now choose their own menu: they have opted for a high fibre, low sugar diet.

Help yourself measures can make disabled people feel more in charge of their lives; they can also save money. People who are not eligible for free treatment have been known to stay away



clinic "plugged in" to the patient's electricity supply.



Gregory fills an abscessed tooth.

## Questions?

If you want to find a dentist, learn what services are available and the cost of NHS treatment, make complaints, get information on do-it-yourself oral hygiene and equipment for home or surgery, obtain useful addresses and ideas for further reading - send for *Dentistry and Disability*, produced by the Disabled Living Foundation, 380/384 Harrow Road, London W9 2HU, tel: 01-289 6111. £1.20 including p&p.

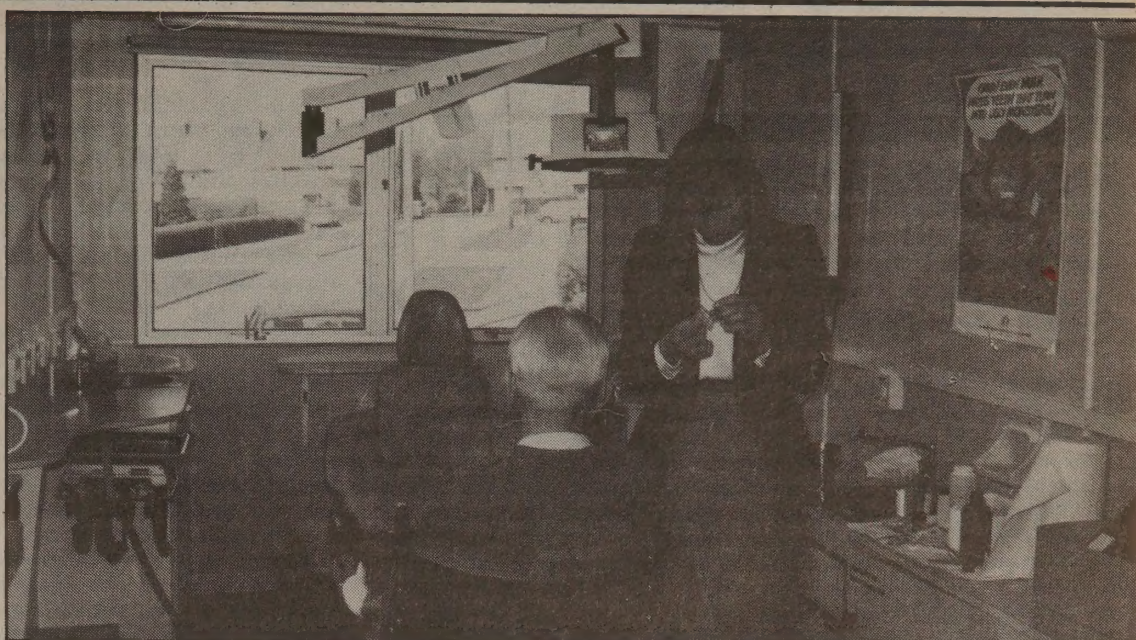
from dentists because they could not afford to pay an average NHS charge of over £20 for treatment.

Cost, of course, is not only a problem for the consumer. As Professor Sheiham points out, if a disabled person can't find a family dentist to treat them, the next port of call is the Community Dental Service whose budget is being squeezed. The person could end up in hospital under general anaesthetic - quick and easy for the surgeon - when it wasn't strictly necessary.

Hospitals, of course, are being squeezed too. It shows in a shortage of dental consultants and long waiting lists. New research for the British Paedodontic Society, reveals that 4 regional health authorities have no consultant in children's dentistry (East Anglia, NW Thames, Oxford and Wessex). The draft report recommends a "realistic" figure of 22 NHS consultants in England and Wales - double the figure now.

At University College, money is going into a dental clinic for people with AIDS. Understandable as this spending may be, it is hard on other needy groups.

"It's always who pushes hardest who gets, and disabled people don't make enough noise", says Aubrey Sheiham. "They're very grateful and say thank you and that shouldn't be allowed to continue. My way round is to avoid the need. Back to the sugar-free diet!"



Sue Gregory in the mobile clinic - no white coat and an informal manner relaxes patients.

## Dentist at the garden gate

Karen Wingate went with Sue Gregory on her rounds

All Margaret Thacker wanted for Christmas last year was her two front teeth, and thanks to dentist Sue Gregory she got them - on Christmas Eve.

Her story is typical of the kind of individual attention provided by North Bedfordshire's Community Dental Service since Sue Gregory and her team began doing home visits in the health authority's new mobile dental surgery last August.

Mrs Thacker uses a wheelchair and like many home visit patients she had not seen a dentist in years because she could not find one in the area with an accessible surgery. She wanted a denture to replace her missing front teeth because her grandchildren had begun to tease her. Her health visitor referred her to Sue Gregory who came to her home and took a denture mould. The denture arrived on Christmas Eve and Sue Gregory delivered it in person.

North Bedfordshire Health Authority is one of only 4 in the country to have a mobile surgery which can be used by dentists for home visits, and was the pioneer in this field. The surgery was designed by Sue Gregory, the authority's senior community dental officer, specifically for treating disabled patients. After 7 years working with people with mental and physical disabilities, she knew precisely what she required.

What makes the mobile surgery different from the towed caravans which have been used all over the country for years, is that dentists can drive it themselves direct to a patient's home. As it is just below the heavy goods weight limit, no special licence is required.

The mobile surgery has a wheelchair lift, which converts into steps, and its own water and waste tanks. It carries a long extension cable which can be plugged in at the patient's house to provide power for the drills, steriliser and X-ray.

The cost of the unit, £38,000 fully equipped, was met by the North-West Thames Regional Health Authority, which managed to come up with the money by re-allocating funds within its existing budget.

"We can provide a much more flexible service with the mobile surgery," said Sue Gregory. "Since we run off a domestic electricity supply and carry our own water we can go anywhere, responding to need."

With more elderly people

retaining their own teeth, and more physically and mentally disabled people moving into the community from institutions, the demand for this kind of flexible service is growing.

The mobile surgery travels all over North and Mid-Bedfordshire, and is used to make routine visits to special schools and adult day centres for mentally disabled people, where tooth-brushing sessions aimed at prevention also regularly take place. Home visits are fitted in between these routine stops.

The home patients are referred by a number of people, including health visitors, district nurses and doctors. There are now around 50 regular patients on the register and the numbers are increasing rapidly as people hear about the service.



Adjusting Mr Riley's dentures.

"Before we started going to people's homes they just used to put up with a lot of discomfort," said Sue Gregory.

Most of her patients would rather go to a family dentist if they could, but they are relieved to have the service. One patient, Mrs Ivy Wiles, expressed a feeling shared by many others when she said: "I would rather go to an ordinary dentist as it's a job for someone to have to come out to me. But if you can't get out to a dentist what can you do?"

Although the mobile surgery has made it much easier to treat most patients with mobility problems, there are still some people who find it difficult or painful to move at all. Another piece of equipment, called the DENDOC is useful here. It is a suitcase with the basic equipment in it for drilling, scaling and polishing, which can be carried into a patient's house to treat them in bed or save them the trouble of moving.

The dental team have found that a fishing tackle box is ideal for carrying around all the extra supplies needed when using the DENDOC - in this pioneering field you need to improvise sometimes.

According to Sue Gregory, the ability to adapt and improvise is very important in her work, particularly when treating mentally handicapped people who may be frightened by a clinical set-up and refuse to open their mouths.

She often treats very severely disabled patients by sitting on the floor with their head on her lap. This way they are comfortable and do not get distressed.

She once did a filling for a mentally disabled patient underneath a desk, where he had crawled because it was the only place he felt secure. He was terrified of the dental chair, but happy to let the drilling be done beneath the desk.

Sue Gregory has been supported in her work by the district dental officer, Mr Crawford MacFarlane, who worked in a large mental handicap hospital for many years and is a strong advocate of the community dental service.

The regional health authority has also shown a commitment to improving the dental service for disabled people, said Sue Gregory.

But she admits she is lucky. Not all health authorities have the same supportive attitude. In some districts, community dental officers have been told to cut down the services offered because of the financial squeeze the authority is facing. This means that developments such as home visits, with the costly equipment required, may never get off the ground in places.

Just across the road from Mrs Thacker lives Jack Riley, another home patient. He is an amputee and uses a wheelchair. He had not seen a dentist since he was fitted with a denture 11 years ago after losing all his teeth in an accident. Recently his denture became so uncomfortable he could not wear it. With the mobile surgery Sue Gregory was able to take an X-ray of his jaw, and discovered that tiny fragments of bone left behind when his jaw shattered in the accident were pushing through the gums.

"The people of Bedfordshire are very, very lucky to have this unit," said Mr Riley. "The dentists do an excellent job, and every pound spent on this has been worthwhile."



## OUTLOOK

# BOOKS

### Mark's Wheelchair Adventures

by Camilla Jessel  
(Methuen Children's Books, £4.95)

This is a new paperback edition of a book published in 1975. Backed by a lot of research and consultation with specialists and voluntary organisations, it tells a deceptively simple tale: how Mark, who has spina bifida, moves with his family into a new housing estate, makes friends and becomes part of the community.

In the course of the story we learn many things about Mark: the limitations imposed by spina bifida and how he copes with them; the skills he's developed, from a nifty handling of his wheelchair to playing football with his sticks and drumming almost professionally. He plays rummy and chess and catches tadpoles with his able-bodied friend, and between them they organise a show for some elderly people on the estate.

How people treat Mark and the effect this has on him is an important part of the book. There is the "Does he take sugar?" approach of the sweet-shop lady and the teasing of the local bullies (one of which gets his come-uppance). His mother is shown as slightly over-protective and his father as concerned he should not grow up a softie.

Awareness of attitudes to dis-



ability is so up to date that it comes as a bit of a shock to find a disabled girl described as "a spastic". Also, many cp youngsters are now into microtech; Susan is using an electric typewriter.

A good book, very readable, with plenty of pictures which should attract children, parents and teachers.

Mary Wilkinson

### When the Mind Hears: A History of the Deaf

by Harlan Lane  
(distributed by Souvenir Press, £18.95)

When is a disability not a disability? When many of those who possess it persist in coming together and behaving like a language minority group. Deaf people who use sign language consider themselves members of a community in which lack of hearing is immaterial.

They do have a handicap however: the attitude of the hearing/speaking majority around them. In a world where people think of language as being based on speech and hearing, it has only recently been accepted that language can exist in a visual-gestural medium.

Harlan Lane's monumental book is subtitled "A History of the Deaf", and goes back more than 400 years to trace the people and events that influenced the course of this history.

The first and longest part of the book begins: "My name is Laurent Clerc. I am eighty-three years old". In the person of this French-born deaf man, who left Paris in 1816 to help found America's first school for the deaf and foster a nation-wide sign language community there, Lane gives us a well-documented deaf-eye view of a centuries old controversy: can deaf people be

educated through sign language or should they be "restored to society" through speech and lip-reading.

The participants in the controversy have included educators, doctors, clergymen, psychologists, inventors, influential parents, and others. On one side or the other they have determined policies, set up schools, trained teachers and demonstrated their successes.

The sign language programmes have usually involved deaf people in some way - as teachers, assistants, supervisors, counsellors and so on. Oralists have not shown the same interest in using deaf professionals, possibly sharing the opinion quoted by Lane, that doctors do not consult their patients.

In the second part of his book, Lane himself takes up the story and describes the events leading up to and following an international (so-called) congress of educators in Milan in 1880. At this congress, dominated by Italian and French clerics, resolutions were passed calling for sign language to be banned in schools, which were then to pursue a policy of "pure" oralism - amounting to forcible repression of signs within and outside the classroom.

With influential backing the resolutions gained authority and during the next decade or two were accepted by policy makers in most countries.

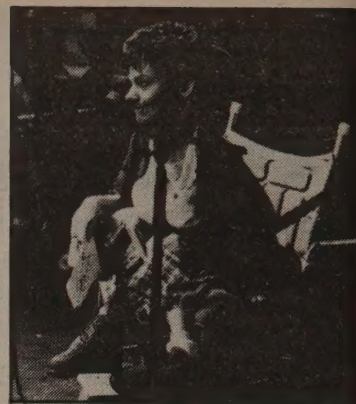
Lane ends his book around this point, with the words: "And the silence fell".

But the silence remained full of gesticulating hands. Despite a hundred years of punishment, deaf communities around the world still haven't, still cannot, let go of their sign languages. They hold on not just from choice but from necessity.

Fortunately, people have finally begun to stop listening to the silence and to look instead.

Lane's title is taken from a letter from Victor Hugo: "What matters deafness of the ear, when the mind hears."

Dorothy Miles,  
Department of Sociology and  
Social Policy,  
University of Durham



### Pithy Poems

By Ellen Wilkie  
(Imp Press, 54 Whitby Court, Parkhurst Road, London N7, £1.95)

Ellen Wilkie's poems are aptly named: they are down to earth (sometimes earthy) with everyday images ("his stripped-pine voice", London: "an aunt perhaps for special visits is no mother for our children") which strike home.

There is no sign of her degree in classics, but the days of Bristol - of broom cupboards and fallen apples, perhaps? - rub shoulders with travelling by tube, giving a poetry reading, disillusioned dreams, the experiences of an actress with a disability battling it out in the capital.

Here are two poems I particularly liked.

#### Windfall love

I have a windfall love  
bruised and battered  
lying forgotten in long grass  
choked by grasping weeds

It will rot and die  
unless someone picks it up  
gently  
cuts out the bad  
regarding the rest as good  
and wholesome as the ones  
on the trees

#### Conversation

time disappears like wine  
talking to those  
with hearts close  
to mine

Mary Wilkinson

Ellen Wilkie will present Channel Four's programme Same Difference.

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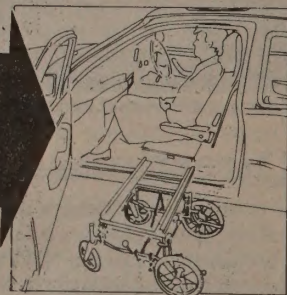
All rhdnig raised will be donated to the Spastics Society, the Scottish Council for Spastics, and N.I.C.O.D. All donations are voluntary. See tags for details.

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## Emotions through the fingertips

A group of blind sculptors have truly found some power in Robert Burns' famous words, "To see ourselves as others see us", in an exhibition of faces and heads being staged at Leicester Museum and Art Gallery until 21 June.

Visitors to the exhibition, which is entitled *Faces - Touch and See*, will discover how these visually handicapped sculptors - some have additional severe disabilities - have created with their first efforts faces and heads of stark reality.

With the able guidance of course tutor, Rachel Sullivan, at

Leicester University Adult Education Department, the students worked in clay the images they discerned by feeling their own faces and heads.

The results show happiness, sadness, fear and anger. Some eyes are twisted and the faces wreathed in lines, and one set are moulded by a sculptor with the delicate and sensitive feelings of a clown.

The sculpted heads were revealing likenesses of their creators. Some were devoid of eyes which perhaps indicated the lack of importance of sight for these sculptors. One head had pronounced earlobes which perhaps emphasises the importance of hearing for people without sight.

David Preston's face-masks in ceramics are outstanding. They show a real understanding of human reactions to emotion.

The art course started for a small group of blind people 4 years ago. Rachel Sullivan approached it with "trepidation", but soon discovered how fascinated her students were to learn. Some had never held a pencil as they had been blind since birth.



Stephen Pallett models the head of Jonathan Coleborn

A year ago student Stephen Pallett, aged 32, said he was sick of being told to cheer up when he felt happy. He is blind and suffers from brittle bones and realised his facial expression was not in keeping with his happiness. Rachel showed the group how to act out the various expressions which they identified by touch.

Course organiser Eleanor Hartley explained that many visitors who could see were handicapped by the "Do not touch" traditions of museums and art galleries. She has had to put up notices encouraging people to feel the models and see, by feeling, the power of the creations.

George Miller



## The Yugo: a cheap, ideal first car

In the past I have concentrated on automatic cars which suit people disabled in more than one limb. But some drivers can manage very well with a manual clutch and perhaps a hand control on the gear lever. They should consider the Yugo. It is an inexpensive 3-door hatchback

and as a first car for a young driver it would be ideal.

Manufactured in Yugoslavia - which trades freely with Europe - the Yugo is a truly European car. Yugo Cars (Zastava GB Ltd) provide many parts and fit British-made wheels and tyres to the imported cars, while components also come from Italy and Germany.

The Yugo is no longer a Fiat copy. The style of the bodywork is a cross between a Metro and a Volkswagen Golf. The paintwork (another improvement on previous models) and the plastic body parts are of a high standard. The overall effect is of a sporting Mini.

The colour co-ordinated interior is spacious, taking advantage of the frontwheel drive design. The front seats are firm but not sculptured, which makes it

easy to get in and out, but climbing into the back is difficult.

As in all cars of this type, the space behind the rear seat is limited, but if the rear seat is folded my test wheelchair could be loaded easily.

Driving this little car around London was a real pleasure. The rack and pinion steering was very light and as the car itself is light its response to manoeuvring in traffic was exceptional. Again, the low bodyweight allows the engine to give a crisp, lively performance with good fuel consumption. Improved suspension makes the car very stable at speed.

The Yugo is, of course, a very basic, cheap car. The instrumentation and the door locks are poor and there is no fifth gear - which effectively discourages one from going over 70mph because of engine noise. Overall, however, it is good value for money.

It is also built to last and this means it should be easy to get around £1,000 after 3 years. As

an investment it should be better than the Leyland Mini.

Servicing could be a problem as there are only 170 dealers in the country, so I would advise buying a Yugo only if you live near a dealer. Information on hand controls including clutch and pull off brakes are available at all dealers.

John Byworth

### Technical information

The Yugo 55 has a 1116 cc engine with a 4-speed manual gearbox driving the front wheels.

### Fuel consumption

Urban cycle, 31.7 mpg  
56 mph 47.9 mpg  
70 mph 37.2 mpg  
On a 2-day test I obtained at least 40 mpg.

### Cost

From £3,678 for the basic model up to £4,292 for the GLS (see photo), including car tax and VAT. You can buy a Yugo under the Motability scheme and a discount is available along with savings on tax.

Further information from Zastava (GB) Ltd, Worcester House, Basingstoke Road, Reading, Berks, tel: 0734 866921.



The Yugo 55A GLS

## Look out for . . .

**Unicorn Theatre for Children** will be touring with their production *Pardon Mr Punch* to schools and parks in the London area and the provinces from 10 June to 22 August. The play was written for audiences of deaf and hearing children, aged 6-12, and is performed by hearing and non-hearing actors. For details of tour venues write to Unicorn Theatre for Children, 6-7 Gt. Newport St, London WC2. Tel: 01-836 3334.

**PATH**, a theatre company integrating performers with and without disabilities, will be presenting *The Beggar's Opera* by John Gay at the Jeanetta Cochrane Theatre, Southampton Row, London on 16-25 July. The theatre has level access and there will be sign language interpretation. For more details tel: 01-359 7866.

**The Art of the Handicapped Child 1987/88** is a competition open to children with disabilities. Categories, for under 12 and 12 and over, are in landscape, figures/animals/still life, and abstract and design. Shortlisted paintings will form an exhibition to tour the country. Closing date 25 July. Application forms from Art of the Handicapped Child, 1 CAN, Allen Graham House, 198 City Road, London EC1V 2PH. Tel: 01-608 2462.

**The Half Moon Young People's Theatre** has set up a youth theatre for people aged 16-25 with physical disabilities. Weekly workshops will be held in voice and movement work, improvisation, mime, acting, devising and script writing, sound and lighting at the YPT Centre which is fully accessible. For more information Contact the Half Moon YPT, 213 Mile End Road, London E1 4AA. Tel: 01-7911141.

## ONE COMPLETED COUPON AND DISABILITY NOW IS ANYONE'S

Disability Now is the newspaper for disabled people and professionals in the disability field. And it's free! Every month it brings you:

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What's going on in Parliament, around the country, abroad and in The Spastics Society.

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about benefits, conferences, services, aids and equipment, holidays, sport and leisure.

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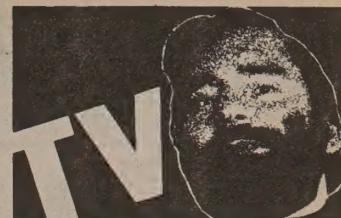
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## Take Christy at his own word

The talents of Christopher Nolan were celebrated in *His Voice His Written Word* (BBC2, 28 April). The programme did not dwell on his physical limitations, but stressed how articulate he was using lengthy extracts from his books.

The point was made that Christy is a damn good writer. His impairments are only relevant in that he writes from his own experience and should not be used as a yardstick to judge his work.

Curiously, the programme only spoke about Christy, not to him. Since his family can understand him, an interview could have used them as interpreters. Or Christy could have typed his answers. Autobiographical extracts could have been supplemented by Christy commenting on his own work. Apart from this, the programme successfully conveyed Christy's talent.

The second series of *Listening Eye* (C4, Mondays starting 27 April) tackles ways in which deaf people can achieve equality in a hearing society. It is a much more single-minded programme than the BBC's *See Hear*, and concentrates on serious and (in the widest sense) political matters. In not making concessions to hard of hearing or hearing viewers, *Listening Eye* is the more powerful.

**Brass Tacks** (BBC2, 12 May) continues to sensationalise disability. When looking at children who are carers for parents with physical disabilities, it spoils its argument. Undoubtedly, children should not be in this position. Neither should elderly parents who have to care for middle-aged offspring. The case is not disputed; the treatment is.

The programme's approach was negative and strengthened stereotypes of dependence without attributing any blame to society's generally apathetic attitude towards the care services.

In deliberately trying to provoke telephone reaction for a follow-up programme, *Brass Tacks* emerges as one-sided and unsatisfactory.

**Open Air** (BBC1, 6 May) was also disappointing. Bill Cotton, Managing Director of BBC TV, was given plenty of scope for platitudes, but at least he was prompted to arrange a *Day to Day* programme (BBC1, 14 May) on able-bodied attitudes towards disability.

Presenter, Robert Kilroy-Silk was pleasantly friendly but perhaps slightly over earnest. The topics covered seemed a little obvious eg. access, but perhaps for the average able-bodied viewer this was new ground. To me, it seemed a bit tame.

Next month I will be reviewing *Same Difference*, Channel 4's new programme for people with disabilities, which will be shown each Monday from 20 July at 6-6.30pm. It will be repeated on the following Saturday at 10.45am with sign language subtitles. The series runs for 8 weeks.

Chris Davies



# Share Your Problems

With Margaret Morgan

**"When I go into a pub or café I feel that everyone is watching me being fed"**

"I am twenty and I have not yet been able to come to terms with my athetosis.

I know that sounds really stupid, but I'm finding it a lot more difficult as I get older. When I was younger I thought it would become easier, but it just seems to be getting harder all the time.

The problem is that when I go into a pub or café I feel that everyone is watching me being fed. I know that sometimes I might imagine it, but most times I know they do. I realise that I've just got to ignore everyone, but at the moment it is very difficult.

If you can suggest any way of helping me, then please do."

I am very glad you have written to me. I do appreciate how difficult it must be for you to come to terms with your athetosis and, as you say, it gets more difficult as you get older and are mixing more widely with other adults.

I took the liberty of discussing your letter with a friend who is now middle-aged and also has athetosis.

She too has found it hard to accept her limitations, especially when she is not able to manage quite ordinary things that the rest of us do automatically. The stares and reactions of other people have been a constant

irritation to her as well, though she says that you just have to develop a thick skin and let it all happen without getting too upset or angry. Easier said than done, I am sure!

Both my friend and I think you show considerable courage in going into pubs and cafés in spite of the stares.

My friend makes a practical suggestion: why not try placing yourself with your back to the other customers, so that you can't see their reactions? I think we would all agree that many people are just curious and not really meaning to be rude or contemptuous, though that doesn't make it any easier to cope with, does it?

## Share your problems by phone

If you want advice on a personal or spiritual problem, why not talk to Lin Berwick, *Disability Now's* telephone counsellor, who is disabled herself?

Lin is at the end of the line on Monday afternoons from 1pm to 5pm, and on Thursdays from 6pm to 10pm.

Her telephone number is Hornchurch (04024) 58325.

I read an interesting article in *New Society* (October 2, 1980), in which some research had been done to try to find out why people often feel uncomfortable in the presence of a physically handicapped person.

A study showed that "the person who acknowledged his handicap was clearly preferred to the one who did not. It was concluded that this was probably because the way the handicap was mentioned indicated that the disabled person was not overly sensitive about it and it was not a topic that must be avoided. This reduced the other



Simon Crompton

people's discomfort and uncertainty about how to behave."

Have you considered attending the SPOD conference at the end of this month, I wonder? The theme is "Young Disabled People Growing Up" and there will be group discussions and informal sessions on all sorts of topics.

Details were given in the May issue of *Disability Now* and further information can be obtained from the Conference Organiser, SPOD, 286 Camden Road, London N7 0BJ.

Are you in touch with either the social worker or careers advisory officer of The Spastics Society? If not, you may like to ask one of them to visit you, as they will probably know of local services and social outlets that may be of interest to you.

From time to time special courses for people of your age are held at Fitzroy Square Centre and elsewhere, which you might like to consider joining.

**"Thank you very much for your lovely letter. I thought I was the only one to suffer from this social problem, but when I read your letter I realised that it is obviously not just me.**

**I have been to my local PHAB club, but I didn't find it very good because most of the able-bodied people were a lot younger than myself. This has put me off going.**

**I have also recently got the chance of moving into my own bungalow, which should be ready in July.**

**Only 10 bungalows are being built, though and 17 people are after one of them, so I don't know whether I will be successful. It would be nice if I could have my own home."**

## ANNOUNCEMENTS

The Mobility Information Service has moved to Unit 2A, Atcham Estate, Upton Magna, Shrewsbury SY4 4UG, tel: (074 377) 489. The organisation offers information on all aspects of mobility to disabled people, carers, professionals and organisations. This includes a disabled driver assessment programme and, shortly, an assessment and advisory service on pavement vehicles.

ScotRail and the Disabled Traveller is a new guide to travelling with BR which gives details of access and facilities for people with disabilities in 66 Scottish railway stations. Copies of the guide are available at the Travel Centres of major stations and booking offices of smaller stations.

British Amputee Sports Association. For more information on their activities write to BASA, Harvey Road, Aylesbury, Bucks HP21 9PP.

British Association of Wheelchair Distributors. The new address for this organisation is the Secretary, BAWD, Grove Cottage, Packwood Road, Lapworth, Solihull B94 6AS.

# What's On

## Conferences and leisure

**1987 Mobility Roadshow.** This motor show for disabled people is on 12-14 June at the Transport and Road Research Laboratories, Crowthorne, Berkshire. There will be adapted cars to see and test drive, and displays of a wide variety of mobility aids. Further details from Susan Claris, tel: 01-212 5257.

**London College of Furniture Summer Show '87** takes place on 29 June-3 July and includes equipment for disability. Admission is free. Opening times: Monday 2-8pm; Tuesday, Wednesday, Thursday 10am-8pm; Friday 10am-3pm. London College of Furniture, 41 Commercial Road, London E1 1LA. Tel: 01-247 1953.

**Sport and Recreation Days.** The Lee Valley Leisure Park is holding a festival of sport and recreation for young people with disabilities on 1-2 July, and invites you to come and try out a whole range of activities including horse riding, skating, sailing, farm visits, theatre and craft workshops. Groups and individuals of all disabilities are welcome. For an application form and further information contact Lee Valley Park, PO Box 88, Enfield, Middx. Tel: (0992) 717711.

**"SHARE" Music in Action** is a residential course in music and theatre being held at the SHARE Centre, Co. Fermanagh, N Ireland, 5-15 July. It is aimed primarily at people with a physical disability aged between 14 and 40. No special musical skill is required but some ability to play an instrument would be an advantage. The course fee is £150. Further information from Dr Michael Swallow, 15 Deram Drive, Belfast BT9 5JQ. Tel: (0232) 669042.

**Care in the Community** is an exhibition on 13-17 July of the latest technological advances from Possum Controls which enable people with severe disabilities, or those who are deaf, blind or elderly, to lead a more independent life. Open to disabled people, carers and professionals, 9.30am-5pm (9.30am-12 Noon, Friday) at The Lancastrian Hall, Chorley Road, Swinton, Manchester M27 2AE. Free admission. Further details from Possum Controls Ltd, Middlegreen Road, Langley, Slough, Berks SL3 6DF. Tel: (0753) 79234.

**Equipment Designed for the Handicapped Child.** is a free exhibition on 16 July at the Disabled Living Centre, 260 Broad Street, Birmingham B1 2HF. A number of manufacturers will be at the Centre to demonstrate and discuss their products. Further information from the Centre or tel: 021-643 0980.

**Tamar Canoe Camp** takes place 19-24 July at Cawsand Bay, near Plymouth. Able-bodied and disabled people can learn canoeing skills and receive training in teaching the sport to people with disabilities. If you are interested in taking part contact Mrs Flok de Rijke, Senior Physiotherapist, Trengwath School, Hartley, Plymouth, Devon PL3 5LP. Tel: (0752) 771975/773735.

**Want to be a dramatic arts student?** The National Bureau of Handicapped Students in conjunction with Graeae, Shape and Carnegie is holding a course on 22-24 July for people with disabilities who are interested in dramatic art (including stage management, wardrobe design, lighting etc.) £25 (with a limited number of bursaries available). Further information from Isabelle Redfern, NBHS, 336 Brixton Road, London SW9 7AA. Tel: 01-274 0565.

**The First International Conference on Information Technology Applications in the Human Services** is being held in Birmingham on 7-11 September. It will look at how information technology is being used world-wide and how it can be used to power social change and provide help for minorities. There will also be a large exhibition of computer equipment. For further information contact Stuart Toole, City of Birmingham Polytechnic, Dept of Sociology and Applied Social Studies, Perry Barr, Birmingham B42 2SU. Tel: 021-356 6911, ext 303.

**The Federation to Promote Horticulture for Disabled People** is holding a workshop seminar on 24 and 25 September, redesigning the grounds of a country house near Bristol to provide facilities for people with disabilities. The cost, including accommodation, will be around £50. Places are limited, so book as soon as possible. For further information please contact The Secretary, FPHD, The Drove, Gillingham, Dorset SP8 4RE. Tel: (074 76) 2369.

## Courses at Castle Priory

**Creative Crafts** - a workshop for staff working with people with physical disabilities. Areas covered include horn and woodwork, soft craft work, printing on fabric and card. 25-27 August. Tuition £54 (including materials), residence £45, non-residence £16.

**Listening and Responding** - a basic course to improve awareness of counselling skills in relation to parents, people with disabilities or colleagues. 4-6 September. Tuition £50, residence £47, non-residence £17.

**Personal Relationships and Sexuality** - an introductory course for staff working with people who have learning difficulties. Course tutors: Family Planning Association. 7-9 September. Tuition £60, residence £47, non-residence £17.

**The Portage Teaching Materials** - a workshop on the use of the Portage materials in home teaching and other settings. 9-11 September. Tuition £65 (including materials), residence £47, non-residence £17.

**Understanding Hyperactivity** - a course for all carers - parents, teachers, health visitors, doctors - to learn about the possible causes and latest treatments. 18-20 September. Tuition £50, residence £47, non-residence £17.

For more information about any of these courses, write to Castle Priory College, Thames Street, Wallingford, Oxon OX10 0HE. Tel: (0491) 37551.

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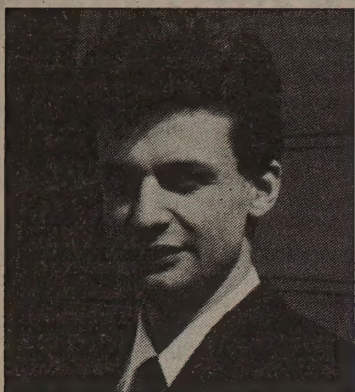
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## PEOPLE



**Simon Crompton**, *Disability Now's* assistant editor, is leaving us to become news editor of *Therapy Weekly*.

Simon joined *Disability Now* 3 years ago and helped develop it into the campaigning national paper it is today.

"Working for *Disability Now* has certainly been an education - not just about producing newspapers, but about the barriers of prejudice and ignorance people with disabilities have to face every day," he said. "*Disability*

Now is playing an immensely important role in attempting to expose and correct that, and I'm glad to have been associated with it."

"It is a wrench to lose Simon," said Mary Wilkinson, the editor. "Many of his ideas have been incorporated into the newspaper - *SIC* was one of them - and he has been such a pleasant person to work with. We wish him good luck in his new job."

**Richard Branson**, chairman of Virgin Records, is the new president of The British Disabled Water Ski Association.

"We chose him because he enjoys waterskiing himself and is a very sporting person. The image we want to present is of sport, not disability," said Maeve Edge of the association.

He also has a personal connection with the organisation - a former employee, who died last Christmas, was a keen member.

Mr Branson will be opening the 1987 World Trophy event at the Tony Edge Centre in July.

### YOUR MOVE: CENTRE FOR INDEPENDENT LIVING (NOTTS) CO-ORDINATOR

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YOUR MOVE: CIL (NOTTS) is a new organisation which aims to help people with physical disabilities explore the options for independent living and make their own arrangements for housing and care support. We are looking for two imaginative and committed disabled people with a flair for development work and some knowledge of the services currently offered by statutory and voluntary agencies.

Both posts are for three years. Applications will be considered for either full-time or part-time (25 hours plus per week).

For further details, contact Ms Jo Mossman, 2 Dundas Close, Off Dryden Street, Nottingham, NG1 4EX.

Closing date for completed applications: June 27 1987.

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### Holidays

**8-BERTH CARAVAN & BEACH HUT** at Felixstowe. Run by local Spastics Society. Both suitable for wheelchair users. For details contact Miss J M Wood, 50 High Road East, Felixstowe, Suffolk IP11 9PU. Tel: (0394) 283794.

**BROAD HAVEN CARAVAN PARK**. Sand and green hills cradle this award winning caravan park which has an especially adapted holiday caravan for a wheelchair user and their family. Only a 350 yard flat walk to the sea front and sandy beach. Write for a brochure to Broad Haven Caravan Park, Broad Haven, Haverfordwest, Pembrokeshire, SA62 3JD or telephone 0437 83277.

**THORNBURY HALL HOTEL**, Churnet Valley. Specialised facilities for disabilities. Companion service available (no extra cost) to allow all the family to enjoy themselves. Conference facilities and study/craft courses available on request. Colour TV in all bedrooms, single rooms available. Games room. Hotel stands in 5 acres of ground amidst beautiful countryside. Prices from £21.50 a day full board. For a brochure contact Thornbury Hall Hotel, Lockwood Rod, Kings-

ley Holt, Stock-on-Trent, Staffs ST10 2DH. Tel: (0538) 757220.

### Find-A-Friend

**INDIAN GIRL**, 17, would like to correspond with disabled people living in the UK. Write to Sangeeta Fain, Chuchum, 210, 2nd Floor, Saraswati Road, Santacruz West, Bombay 400054, India.

**YOUNG MAN**, 33, own flat, would like to correspond with young lady, 32-40. Interests include children, pets, driving, travel, music, art, all sport, eating out, films, reading. All letters answered. Please write to Box No 153, *Disability Now*, address on page 12 (marking envelopes Private & Confidential).

**FRENCHMAN**, 37 yrs old. Handicapped from birth, speaks no English, seeks English female penfriend to exchange letters with view to exchange visit. Interested in children, animals, jokes, Beatles, Rolling Stones, most sports, eating out and having fun. Write to: Monsieur Cudraz Gilbert, 37 Avenue du Grand Chatelet, Grenoble 38100, Isere, France.

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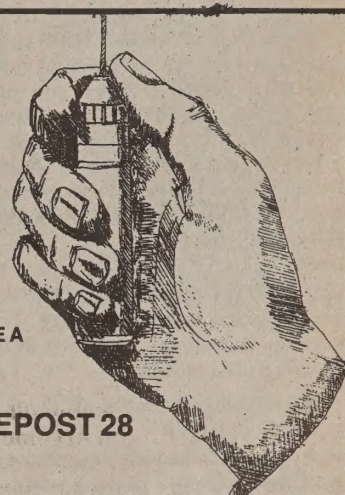
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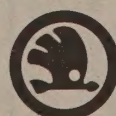


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## A week of speaking up for 2 million people

Over 2 million people in the UK have a speech or language handicap and a week long campaign last month aimed to draw attention to the problems they face.

"Show you care by being aware" was the message of National Speak Week on 11-17 May, a public awareness campaign initiated by speech organisations and sponsored by British Telecom.

It aimed to encourage the public to be sympathetic to the problem and listen patiently to people with a speech impediment.

The week was launched with a "speak-in" at Speaker's Corner in Hyde Park, hosted by disc-jockey Dave Lee Travis. Speech handicapped people from all walks of life told the public about the difficulties they face every day trying to communicate.

After the "speak-in" 2,000 balloons carrying the campaign slogan were released - one for every 1000 speech impaired person in the UK - with the prize of a cordless telephone from British Telecom for the finder of the balloon which travelled furthest from the park.

Other events during the week included special church services and a parachute jump by 15 speech therapists with the Red Devils in Aldershot.

★ To coincide with Speak Week, British Telecom unveiled the Polygon, a pocket-sized portable machine which a person with a communication difficulty can use to alert others to their disability.

The machine plays a short message: "Hello I have a speech handicap, please be patient with me", spoken by either Esther Rantzen or Sir Harry Secombe. It also plays a jingle, arranged by Fritz Speig, which is being promoted as a signature tune for speech handicapped people.



Protesters, including Andrew Walker (centre) outside the Middlesex Hospital.

## Save our hospital!

Angry ex-patients of the Royal National Orthopaedic Hospital in Stanmore protested against the hospital's proposed closure last month. Waving placards outside London's Middlesex Hospital, they sat in on a meeting of health chiefs who will decide the hospital's future.

Bloomsbury Health Authority may be transferring the services at RNOH, the only spinal unit for Greater London, East Anglia and the south-east, to a district general hospital in Enfield.

The charity ASPIRE (Association for Spinal Injury Research, Rehabilitation and Reintegration) raised £1.3 million for a new recreation centre for people with spinal injuries at Stanmore. This may have to be scrapped and the money returned to the donors.

Andrew Walker, an architect who spent 6 months in RNOH, was one of the protestors. He designed the new centre, which was due to be started in March.

"It looks as if all our efforts will be for naught," he says. "It's monstrous that the Government allowed us to continue fundrais-

ing for the centre. I believe they didn't tell us because they wanted to cover up the proposed closure."

The Stanmore facilities could never be reproduced elsewhere, he says. "Within 3 weeks of breaking my spine they had me teaching my students again. That's rehabilitation for you."

ASPIRE is concerned that the relocation will mean the closure of a hospital school for long-stay children, the closure of an artificial limb and appliance centre and a 12 per cent reduction in bed numbers. It says that a move to Enfield will curtail hospital services, destroy national referral patterns and result in one site being part-managed by two or three health authorities.

Hugh Dykes, MP for Stanmore, has tabled an Early Day Motion protesting against the closure. 125 MPs have signed it.

A public petition has attracted 10,000 signatures.

The Regional Health Authority's recommendation will be made in October.

## Winners

The Islington Disablement Association is encouraging organisations to provide good access by presenting Accessible Building Awards. Marks and Spencer, Sainsbury's supermarket and the Town Hall were among the first 14 winners.

## Disability Now

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The views expressed in *Disability Now* are not necessarily those of The Spastics Society.

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## Sheltered placement schemes could expand - if government money was better spent

If the Department of Employment (DE) used the powers it has and exerted more direct control over agencies providing employment to severely disabled people - Remploy, local authorities and voluntary organisations - its money would be better spent and the popular sheltered placement scheme could be expanded further.

This is the main conclusion of an independent investigation by the National Audit Office (NAO) into how well the DE and the Manpower Services Commission (MSC) help disabled people with employment - whether they have the necessary information and control of resources.

It was initiated by the Comptroller and Auditor General, Sir Gordon Downey, who has the authority to examine how efficiently government departments and other public sector bodies use their resources, and then report to Parliament.

In 1985-6, £115m was allocated to help disabled people with employment, £81m of it for sheltered employment.

The NAO found "cause for concern" in some aspects of the MSC's work.

The MSC's statistics on disabled people in employment are "an unreliable basis" on which to assess need for assistance.

The MSC's 27 employment rehabilitation centres are spread unevenly round the country; only one third of job centres supply them with clients "regularly", and over half of the disabled people who complete courses have not found a job 3 months later.

There is a "surprising" difference, says the report, between the costs per resettlement of ERCs (on average about £4,000 1985-6) and agencies supported by the MSC (over £16,500 in the same period), even allowing for more staff in agency centres.

The report finds the quota scheme which requires em-

ployers to employ 3 per cent disabled people and costs £1-£2m a year to administer, "ineffective, unenforceable and incapable of achieving its aims."

It finds that sheltered employment provided by local authorities and voluntary organisations is patchy and the financial arrangements for supporting the workshops "do not encourage efficiency." It also shows the drain on government resources of large subsidies to Remploy.

The report finds that the DE and the MSC have been reviewing the assistance they give and trying new approaches. The MSC is researching the number and characteristics of the disabled workforce and the DE is reviewing the financial management and policy of Remploy.

RADAR (The Royal Association for Disability and Rehabilitation) has welcomed the report.

Department of Employment and Manpower Services Commission: Employment Assistance to Disabled People, HMSO, £10.20

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Who Uses Dial-a-Ride? by Stephen Potter. London Dial-a-Ride Users' Association, St Margarets, 25 Leighton Road, London NW5 2QD. £3.50 inc. p&p.



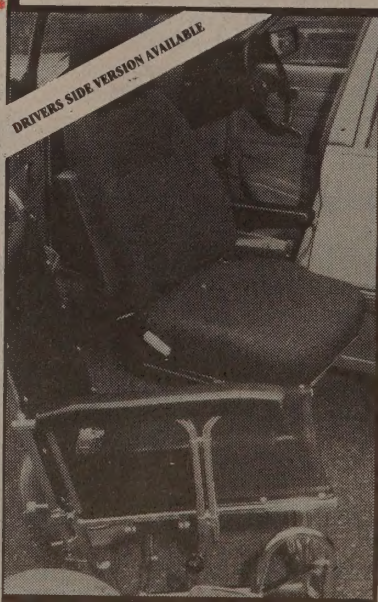
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